

101-200

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
10 1		2					51	
2		2					52	
3		2					53	
4		2					54	
5		2					55	
6		2					56	
7		2					57	
8		2					58	
9		2					59	
10		2					60	
11		2					61	
12	1						62	
13							63	
14		1					64	
15		3					65	
16		3					66	
17		3					67	
18		3					68	
19		3					69	
20		3					70	
21		3					71	
22		3					72	
23		3					73	
24		3					74	
25	1						75	
26		1					76	
27		1					77	
28		2					78	
29		1					79	
30		3					80	
31		3					81	
32		1					82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	72						TOTAL DEP.	
TOTAL CLAIMS	76						TOTAL CLAIMS	

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

BEST AVAILABLE COPY

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1		1				
10 2		2				
10 3		2				
10 4		2				
10 5		2				
10 6		2				
10 7		2				
10 8		2				
10 9		2				
1 10		2				
1 11		2				
1 12	1					
1 13	1					
1 14		1				
1 15		2				
1 16		2				
1 17		2				
1 18		2				
1 19		2				
1 20		2				
1 21		2				
1 22		2				
1 23		2				
1 24		2				
1 25	1					
1 26		2				
1 27		2				
1 28		2				
1 29		2				
1 30		2				
1 31		2				
1 32		1				
1 33						
1 34						
1 35						
1 36						
1 37						
1 38						
1 39						
1 40						
1 41						
1 42						
1 43						
1 44						
1 45						
1 46						
1 47						
1 48						
1 49						
1 50						
TOTAL IND.	3					
TOTAL DEP.	53					
TOTAL CLAIMS	56					

	IND.		DEP.		IND.		DEP.	
1 51								
1 52								
1 53								
1 54								
1 55								
1 56								
1 57								
1 58								
1 59								
1 60								
1 61								
1 62								
1 63								
1 64								
1 65								
1 66								
1 67								
1 68								
1 69								
1 70								
1 71								
1 72								
1 73								
1 74								
1 75								
1 76								
1 77								
1 78								
1 79								
1 80								
1 81								
1 82								
1 83								
1 84								
1 85								
1 86								
1 87								
1 88								
1 89								
1 90								
1 91								
1 92								
1 93								
1 94								
1 95								
1 96								
1 97								
1 98								
1 99								
1 100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

Adm 54-83